

Ability-to-Pay Worksheet – Payer Information (Populated)

You are receiving this form because you have not been paying your child support. If you owe child support and do not pay it when you are supposed to, the court may hold a hearing to decide if you are in contempt of court for not following your court order.

To help the court decide if you are in contempt of court, the court will first need to find out why you are not paying your support. The questions on this form are important to help the court understand your ability to pay support. Any information you provide may be shared with the court and the other party on your case.

Please complete blank fields and change any incorrect information on this form and bring it to your hearing.

Name: Donald David Doe Jr

Case No.: 2021-999999-DS

Is this address correct? 123 W Main St Apt #2 West Bloomfield Hills, MI 48999-9999

[] Yes [] No (If no, enter new address below):

New Address: _____

Phone Number: _____ This phone is a: [] Smartphone [] Other Cell Phone [] Landline

Email: _____

INCOME

Employment	Employer (Name, Address, Phone)	Start/End Date	Pay Type	Monthly/Hourly Amount and Hours/Week
Current job Occupation/Job Title: CONSULTANT	CONSULTING LLC 1234 MAIN ST BALTIMORE MD 21208-2629 123-123-1234	01/11/2021	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Last job Occupation/Job Title: TRUCK DRIVER	TRANSPORTATION CO 1234 MAIN ST NO 9 NILES MI 49120-3464 123-123-1234	03/15/2012 07/13/2012	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Assistance	Assistance Type	Start/End Date	Amount for Each Assistance Type If you applied but have not been approved, please indicate that below.	
State assistance (cash, SNAP/food, etc.)	Cash Food Assistance Medicaid			
Other benefits (Workers' Compensation, Unemployment, etc.)	MICHIGAN UNEMPLOYMENT INSURANCE AGENCY 1234 MAIN ST 12 100 CARE OF FOC UNIT DETROIT MI 48202-6024	01/31/2020 12/28/2020	\$134.00/WEEKLY	

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Social Security	<input type="checkbox"/> SSI <input type="checkbox"/> SSD		

How do you support yourself (pay your bills)?

ASSETS					
Do you have/own?	Yes	No	Where is it located (address)?	Number/Model/Name	Value/Owed
Bank account	X		EMPLOYEES FCU PO BOX 123456 DALLAS, TX 75261-9001		\$10,000.00
House	X		123 MAIN LANSING, MI 48911		\$100,000.00
Land or other property	X		LOT 23 TRAVERSE CITY, MI 48884		\$10,000.00
Car, truck, motorcycle, or other vehicle (boat, ATV, etc.)	X			CAMPER	\$15,000.00
Other assets (pension, settlement income, etc.)	X		LOCAL BANK PO BOX 12345 EAST LIVERPOOL, OH 43920-5796		\$2,000.00

EDUCATION AND TRAINING			
Do you have (check all that apply)?	Yes	No	Explain:
Reading/Writing difficulty			
Learning disability and/or special education in school			
Computer skills			
Professional licenses/certifications	X		NURSE PRACTITIONER; EMT SPECIALIST*; AUDIOLOGIST - LIMITED;
*Lapsed license			
A high school diploma or GED			
Some college or Associate's Degree			
A college degree (Bachelor's, Master's or Doctorate)			
Trade school training			

PERSONAL BACKGROUND			
Please answer these questions:	Yes	No	Explain:
Are you married?		X	Single

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Do you rent? If yes, how much is your rent? If no, explain where you live.			
Do you have a driver's license? If the license has ever been suspended, please explain.	X		Operator
Do you have access to a vehicle or other reliable transportation?			
Have you had a recreational license or permit in the last two years?	X		
Are you a veteran?			
Have you been incarcerated? If yes, please list the approximate entry and release dates and facility.	X		Entry: 01/01/2019
Are you on probation (or parole)?			
Do you owe court costs, fines, fees, or restitution? If yes, how much?			
Do you have access to the Internet?			
Do you have medical problems affecting your ability to work? If yes, explain if you are under a doctor's care.			
Have you been hospitalized in the past six months?			
Do you have past or present alcohol/drug use issues?			
Have you been in any substance abuse or mental health treatment center in the last two years?			
Do you owe other debts (credit cards, medical bills, etc.) or judgments? If yes, how much?			

I declare the statements in this form are true and complete to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Printed Name: _____